## MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

SERIAL NO. 10 (59 (76)

FILING DATE

**CLAIMS** 

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TOTAL CLAIMS			45				

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TOTAL CLAIMS	DEP.			<b>(-</b>	_	———J	4	•			4	
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PTO - 1360 (REV. 11/04)

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